

Quick Facts About Assisted Suicide

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1. Assisted Suicide

Assisted suicide means that someone provides the means and/or information for another person to commit suicide. When a physician is involved, the practice is physician-assisted suicide.¹

2. The Oregon and Washington Laws

In Oregon, physician-assisted suicide was legalized in 1997 via a ballot measure. In Washington State, a similar law was passed via another ballot measure in 2008 and went into effect in 2009.² No such law has made it through the scrutiny of a legislature despite more than 100 attempts.

3. Patients are Not Necessarily Dying

The Oregon and Washington laws are restricted to patients predicted to have less than six months to live. Such persons are not necessarily dying. Doctors can be wrong.³ Moreover, treatment can lead to recovery. Consider Jeanette Hall, who was diagnosed with cancer and given six months to a year to live. She was adamant that she would "do" Oregon's law, but her doctor, Ken Stevens, convinced her to be treated instead. She is alive now, 12 years later.⁴

¹ See e.g., American Medical Association, Code of Medical Ethics, Opinion 2.211, available at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page>

² For a short article about Washington's law, see Margaret K. Dore, "'Death with Dignity': What Do We Advise Our Clients?," King County Bar Association, Bar Bulletin, May 2009, available at <https://www.kcba.org/newsevents/barbulletin/BView.aspx?Month=05&Year=2009&AID=article5.htm>

³ See e.g., Nina Shapiro, "Terminal Uncertainty: Washington's new 'Death With Dignity' law allows doctors to help people commit suicide—once they've determined that the patient has only six months to live. But what if they're wrong?," 01/14/09, available at <http://www.seattleweekly.com/2009-01-14/news/terminal-uncertainty/>

⁴ See Jeanette Hall, Letter to the editor, "She pushed for legal right to die, and - thankfully - was rebuffed, Boston Globe, October 4, 2011 ("I am so happy to be alive!"), available at http://www.boston.com/bostonglobe/editorial_opinion/letters/article Kenneth Stevens MD, Letter to the Editor, "Oregon mistake costs lives," The Advocate, the official publication of the Idaho State Bar, Sept. 2010, (scroll down to last letter at www.margaretdore.com/info/Stevens.pdf).

4. A Recipe for Elder Abuse

The Washington and Oregon laws are a recipe for elder abuse. The most obvious reason is due to a lack of oversight when the lethal dose is administered. For example, there are no witnesses required at the death; the death occurs in private. With this situation, the opportunity is created for an heir, or for another person who will benefit from the patient's death, to administer the lethal dose to the patient without his consent. Even if he struggled, who would know?

5. Empowering the Healthcare System

In Oregon, patients desiring treatment under the Oregon Health Plan have been offered assisted suicide instead.⁵ The most well known cases involve Barbara Wagner and Randy Stroup. Each wanted treatment. The Plan denied their requests and steered them to suicide by offering to pay for their suicides. Neither Wagner nor Stroup saw this scenario as a celebration of their "choice." Stroup said: "This is my life they're playing with." Wagner and Stroup were steered to suicide. Moreover, it was the Oregon Health Plan, a government entity, doing the steering.

6. Suicide Contagion

Oregon's suicide rate, which excludes suicides under its physician-assisted suicide law, has been "increasing significantly" since 2000.⁶ Just three years prior, Oregon legalized physician-assisted suicide. This increased suicide rate is consistent with a suicide contagion. In other words, legalizing one type of suicide encouraged other suicides.

7. Assisted Suicide is a "Wedge" Issue

In Washington State, there have already been discussions for expansion of assisted suicide to direct euthanasia for non-terminal people. Indeed, last March, there was a column suggesting euthanasia for people unable to afford care, which would be *involuntary*, right? See Jerry Large, "Planning for old age at a premium," *The Seattle Times*, 3/8/12 at <http://seattletimes.nwsources.com/text/20120308001.html> ("After Monday's column, . . . a few [readers] suggested that if you couldn't save enough money to see you through your old age, you shouldn't expect society to bail you out. At least a couple mentioned euthanasia as a solution.")

⁵ See Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," ABC News, 8/6/08, at <http://abcnews.go.com/Health/story?id=5517492&page=1>

⁶ See "Suicides in Oregon: Trends and Risk Factors," Oregon Department of Human Services, Public Health Division, September 2010, page 6, ("Deaths relating to the death with Dignity Act (physician-assisted suicides) are not classified as suicides by Oregon law and therefore excluded from this report"), available at http://epcdocuments.files.wordpress.com/2011/10/or_suicide_report_001.pdf See also Oregon Health Authority, News Release, "Rising suicide rate in Oregon reaches higher than national average," September 9, 2010, ("suicide rates have been increasing significantly since 2000") available at <http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf>